

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |   |             |   |   |    |   |   |   |   |
|---|-----------------------------------|---|---|-------------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>6/12/03</u>                     |                                   | 2 Serial/Patent # <u>09/916,608</u>   |   |             |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER<br>NUMBER   | 5 DATE<br>FILED                         | 6 AMOUNT    |   |   |    |   |   |   |   |
|   | Filing                            |   |   | \$          |   |   |    |   |   |   |   |
|   | Amendment                         |   |   | \$          |   |   |    |   |   |   |   |
|   | Extension of Time                 |   |   | \$          |   |   |    |   |   |   |   |
|   | Notice of Appeal/Appeal           |   |   | \$          |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Petition                          | 7   | 5/15/03                                 | \$ 1,300.00 |   |   |    |   |   |   |   |
|   | Issue                             |   |   | \$          |   |   |    |   |   |   |   |
|   | Cert of Correction/Terminal Disc. |   |   | \$          |   |   |    |   |   |   |   |
|   | Maintenance                       |   |   | \$          |   |   |    |   |   |   |   |
|   | Assignment                        |   |   | \$          |   |   |    |   |   |   |   |
|   | Other                             |   |   | \$          |   |   |    |   |   |   |   |
|   |                                   |   | 7 TOTAL AMOUNT<br>OF REFUND \$ 1,300.00 |             |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | 8 TO BE REFUNDED BY:  |   |             |   |   |    |   |   |   |   |
|   |                                   | Treasury Check  |   |             |   |   |    |   |   |   |   |
|   |                                   | Credit Deposit A/C #:   |   |             |   |   |    |   |   |   |   |
|   |                                   | 9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">6</td></tr></table> |   |             | 0 | 2 | -- | 2 | 6 | 6 | 6 |
| 0   | 2                                 | --  | 2                                       | 6           | 6 | 6 |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | No Fee Due (Explanation):         |   |   |             |   |   |    |   |   |   |   |
| 137(f) petition dismissed as moot                     |                                   |   |   |             |   |   |    |   |   |   |   |
|   |                                   |   |   |             |   |   |    |   |   |   |   |
|   |                                   |   |   |             |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |   |   |             |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Cliff Congo</u>                |                                   | TITLE: <u>Petitions Attorney</u>  |   |             |   |   |    |   |   |   |   |
| SIGNATURE: <u>Cliff Congo</u>                         |                                   | PHONE: <u>305-0272</u>  |   |             |   |   |    |   |   |   |   |
| OFFICE: <u>Petitions</u>                              |                                   |   |   |             |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |   |             |   |   |    |   |   |   |   |
| APPROVED: <u>Dwight Kable</u>                         |                                   | DATE: <u>6/13/03</u>  |   |             |   |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: